Case 24-11806-amc Doc 1 Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main Document Page 1 of 7

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Eastern District of Pennsylvania                |                               |
| Case number (If known):                         | Chapter you are filing under: |
|   | Chapter 11                    |
|   | ☐ Chapter 12 ☐ Chapter 13     |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself  |  |   |  |  |
|----|--|--|---|--|--|
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1. | Your full name   |  |   |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting   | Lisa First name Marie Middle name Cancelliere Last name      | First name  Middle name  Last name            |  |  |
|    | with the trustee.  | Suffix (Sr., Jr., II, III)                                   | Suffix (Sr., Jr., II, III)                    |  |  |
| 2. | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. |  |   |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx - xx - <u>2</u> <u>2</u> <u>7</u> <u>9</u> OR  9 xx - xx | xxx - xx                                      |  |  |

Case 24-11806-amc Doc 1 Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main Document Page 2 of 7

Debtor 1 Lisa Marie Cancelliere

| LISA IVIAITE C | isa Marie Caricellere |           | Case number (if known) |
|----------------|-----------------------|-----------|------------------------|
| Firet Name     | Middle Name           | Last Name | <del></del>            |

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|---|--|---|
| 4. | Your Employer<br>Identification Number<br>(EIN), if any.  | EIN  | EIN   |
|    |   | EIN  | EIN   |
|    |   | EIN  | EIN   |
|    |   | EIN  | EIN   |
| 5. | Where you live  |  | If Debtor 2 lives at a different address:   |
|    |   | 814 Wedgewood Drive  Number Street   | Number Street   |
|    |   | Lansdale PA 19446  |   |
|    |   | City State ZIP Code  Montgomery County   | City State ZIP Code   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|    |   | Number Street  | Number Street   |
|    |   | P.O. Box   | P.O. Box  |
|    |   | City State ZIP Code  | City State ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy | Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain.  (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |   |  |   |

Case 24-11806-amc Doc 1 Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main Document Page 3 of 7

Debtor 1 Lisa Marie Cancelliere

| Eiret Name | Middle Name | Last Name |  |
|------------|-------------|-----------|--|

celliere Case number (if known)\_\_\_\_\_

| Pa  | rt 2: Tell the Court Ab  | out Your Ba   | ankruptcy Case   |  |   |   |
|-----|--|---|--|--|---|---|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under | for Bankı Chap  | ouptcy (Form 2010)). A<br>oter 7<br>oter 11<br>oter 12   | otion of each, see <i>Not</i><br>Also, go to the top of p  |   | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box.  |
| 8.  | How you will pay the fee   | local yours subn with  I nee Appl  I req By la less pay t | court for more deta<br>self, you may pay we<br>nitting your payment<br>a pre-printed addrest<br>and to pay the fee in<br>ication for Individual<br>uest that my fee b<br>w, a judge may, but<br>than 150% of the of<br>the fee in installmer | ails about how you untit cash, cashier's ton your behalf, your ss.  In installments. If your state to Pay The Filing  waived (You may to is not required to, fficial poverty line thats). If you choose to | may pay. Typic check, or mone our attorney may but choose this a Fee in Installar or request this contains a splies to yhis option, you | check with the clerk's office in your ally, if you are paying the fee ey order. If your attorney is by pay with a credit card or check option, sign and attach the ments (Official Form 103A).  The potion only if you are filing for Chapter 7. e, and may do so only if your income is our family size and you are unable to must fill out the Application to Have the it with your petition. |
|     | Have you filed for bankruptcy within the last 8 years?                     | Distric   | t  |  | When  | Case number  Case number  Case number   |
| 10. | affiliate? Di  | ebtor   |  |  | _ When  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. | Do you rent your residence?  | ✓ No.<br>Yes.   | No. Go to line 12  | al Statement About an  |   | ou?<br>ent Against You (Form 101A) and file it with   |

Debtor 1 Lisa Marie Cancelliere

| 1 | LISA IVIAITE C | ancemere    |   |
|---|----------------|-------------|---|
|   | First Name     | Middle Name | _ |

Last Name

Case number (if known)\_

| Pa   | rt 3: Report About Any E   | Businesses You Own as a Sole Proprietor  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?  | ✓ No. Go to Part 4.  ☐ Yes. Name and location of business  |  |  |  |  |  |
|  | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.   | Name of business, if any  Number Street  |  |  |  |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  | City State ZIP Code  |  |  |  |  |  |
|  |  | Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above   |  |  |  |  |  |
|  | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. |  |  |  |  |  |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? |  | ✓ No  ☐Yes. What is the hazard?  If immediate attention is needed, why is it needed?   |  |  |  |  |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  | Where is the property?   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main Case 24-11806-amc Doc 1 Page 5 of 7 Document

Lisa Marie Cancelliere Debtor 1

First Name Middle Name Last Name

Case number (if known)\_

## Part 5:

## **Explain Your Effo**

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about cred counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| ort | rts to Receive a Briefing About Credit Counseling  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
|     | About Debtor 1:  |  |  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|     | You must check one   | 9:   |  | You must check one:  |  |  |  |
| lit | counseling age   | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>impletion.  |  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |  |  |  |
| Г   |  | the certificate and the payment you developed with the agency.   |  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   |  |  |  |
|     | counseling age   | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>empletion.   |  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  |  |  |  |
|     |  | ofter you file this bankruptcy petition, copy of the certificate and payment   |  | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  |  |  |  |
| S   | services from a<br>unable to obtai<br>days after I mad   | sked for credit counseling<br>in approved agency, but was<br>in those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary waiver<br>ent.   |  | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  |  |  |  |
|     | requirement, atta<br>what efforts you<br>you were unable   | day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances ille this case.  |  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.   |  |  |  |
|     | dissatisfied with briefing before y If the court is sat still receive a bri You must file a cagency, along w developed, if any may be dismissed Any extension or only for cause at | be dismissed if the court is your reasons for not receiving a ou filed for bankruptcy. It is fied with your reasons, you must refing within 30 days after you file. It is the acopy of the payment plan you you file you do not do so, your case red.  If the 30-day deadline is granted and is limited to a maximum of 15 |  | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 |  |  |  |
|     | days.  | ed to receive a briefing about   |  | days.  |  |  |  |
|     | credit counseli  | ng because of:   |  | credit counseling because of:  |  |  |  |
|     | ☐ Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |  | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |  |  |  |
|     | ☐ Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   |  | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   |  |  |  |
|     | Active duty.   | I am currently on active military duty in a military combat zone.  |  | Active duty. I am currently on active military duty in a military combat zone.   |  |  |  |
|     |  | u are not required to receive a edit counseling, you must file a   |  | If you believe you are not required to receive a<br>briefing about credit counseling, you must file a  |  |  |  |

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

Case 24-11806-amc Doc 1 Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main

| Debtor 1 | Lisa Marie C | ancelliere  |           | Document | Page 6 01 7  Case number (# known) |  |
|----------|--------------|-------------|-----------|----------|------------------------------------|--|
|          | First Name   | Middle Name | Last Name |          |                                    |  |

| Pa  | rt 6: Answer These Ques  | stions for Reporting Purposes   | ;  |   |  |  |
|-----|--|---|--|---|--|--|
| 16. | What kind of debts do<br>you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |   |  |  |
| 17. | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Chapter  Yes. I am filing under Chapter administrative expenses a  No Yes   |  | er any exempt prope<br>vailable to distribute | erty is excluded and<br>to unsecured creditors?  |  |
| 18. | How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |
| 19. | How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 mill<br>\$50,000,001-\$100 m<br>\$100,000,001-\$500 r | ion 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
|     | How much do you estimate your liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 mill<br>\$50,000,001-\$100 m<br>\$100,000,001-\$500 r | ion 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| Pa  | rt 7: Sign Below   |   |  |   |  |  |
| Fo  | r you  | I have examined this petition, and correct.  If I have chosen to file under Chap of title 11, United States Code. I us under Chapter 7.   | oter 7, I am aware that I may  | proceed, if eligible                          | , under Chapter 7, 11,12, or 13  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |   |  |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |   |  |  |
|     |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |  |   |  |  |
|     |  | /s/ Lisa Marie Cancelliere  | <b>&gt;</b>  | ¢   |  |  |
|     |  | Signature of Debtor 1   |  | Signature of Debt                             | for 2  |  |
|     |  | Executed on   | <del>YY</del>  | Executed on                                   | / DD /YYYY   |  |

Case 24-11806-amc Doc 1 Filed 05/28/24 Entered 05/28/24 15:18:59 Desc Main Document Page 7 of 7

Debtor 1 Lisa Marie Cancelliere

First Name Middle Name Last Name

Case number (if known)\_

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph Diorio                | Date                  | 05/28/2024    |  |  |
|----------------------------------|-----------------------|---------------|--|--|
| Signature of Attorney for Debtor |                       | MM / DD /YYYY |  |  |
| Joseph Diorio                    |                       |               |  |  |
| Printed name                     |                       |               |  |  |
| Legal Aid of Southeastern PA     |                       |               |  |  |
| Firm name                        |                       |               |  |  |
| 625 Swede Street                 |                       |               |  |  |
| Number Street                    |                       |               |  |  |
| Norristown                       | PA                    | 19401         |  |  |
| City                             | State                 | ZIP Code      |  |  |
| Contact phone 6102755400         | Email address jdioric | o@lasp.org    |  |  |
| 52601                            | PA                    |               |  |  |
| Bar number                       | State                 | _             |  |  |